

Attachment 8a

Phone Follow-up Script, English

Case Investigation of Cervical Cancer (CICC) Study

Phone Scripts – Cancer Registry Phone Follow-up to Mailing

I. INTRODUCTION

Hello, my name is _____. May I speak _____ (NAME OF SUBJECT)?

[If other than subject answers the phone, refer to page 5: “Telephone Script—When reaching other than participant.”]

If person who answers the phone responds in Spanish:

- o ***If the caller does not speak Spanish:*** Someone who speaks Spanish will call you back. (Pass patient info to Spanish-speaking interviewer)
- o ***If the caller speaks Spanish:*** Refer to “SPANISH Phone script,” Pg.XX/Appendix
- o

If the person responds in another language: SEE PAGE 5

If subject answers the phone: I'm calling about the packet you received in the mail from the ____ State Cancer Registry. There was a [logo color description] on the envelope and contained information about a new study we are conducting called, "Case Investigation of Cervical Cancer" or "CICC" for short.

Did you receive our packet?

IF NO

- I'm sorry that you didn't receive the packet. Briefly, in this study we are trying to learn more about the cancer screening experiences of women who have been diagnosed with cervical cancer. We understand that you may be eligible to participate because you are over age 21 years and have previously been diagnosed with cervical cancer. Your participation would involve completing a short survey and giving your consent to review your medical records. Your participation is completely voluntary and you may participate in as much of the study as you feel comfortable with.

Could I verify your address and send you another copy of the forms for you to look over?

IF NO

- Is there a specific reason you do not wish to participate? Do you have some questions I might answer? You could also speak with _____, who is the Study Manager and she could also answer any questions you may have.

IF YES

- The address we previously sent the packet to is [read address]. Is this the correct address? [If no, get correct address]. Thank you, we will send a new packet to you in the mail.

IF YES:

- This is a very important study and we need everyone's participation to help us understand experiences of women who have been diagnosed with cervical cancer so we might help other women not develop cervical cancer. Have you had a chance to look at the information we sent? Would you be willing to complete the survey? You will receive a \$25 gift card for the time spent completing the initial survey.
- Do you think you would be willing to participate?

IF NO

- Is there a specific reason you do not wish to participate? Do you have some questions I might answer? You could also speak with _____, who is the Study Manager and she could also answer any questions you may have.

IF YES:

- Do you still have the packet we sent with the letter describing the study and your participation? It also contained a survey with a cover sheet, an information sheet, a HIPAA form, a healthcare source form and a return envelope.
- **IF NO:** I will send you another package. Is your address still [confirm address]?
- **IF YES:** Do you think you could you complete the forms and survey in the next week or so? Thank you very much for your interest.

II. PATIENT HAD AGREED TO PARTICIPATE, BUT NO RESPONSE

Hello, my name is _____. May I speak to _____ (NAME OF SUBJECT)?

[If other than subject answers the phone, refer to page 4: "Telephone Script—For reaching other than participant."]

If subject answers the phone: A few weeks ago, we spoke with you about participating in a research study called "CCIC," which is about your cervical cancer screening experiences and the medical treatment you received prior to your diagnosis.

Have you had an opportunity to look over the materials?

IF NO

- Let me describe what is involved. Your participation is voluntary. If you agree to participate, we would ask you to complete a short survey and sign a consent form so that we can conduct a medical record review of your screening visits and medical treatment prior to your cancer diagnosis. The survey would take about 15 minutes to complete. The survey questions are about the different reasons women may or may not seek initial or follow-up screenings for cervical cancer. After completing the initial survey and medical release forms, we will send you a \$25 gift card to thank you for your time. You can still participate in the study if you would prefer to complete the survey without the medical record review. But please be assured that all the information you provide will be kept in the strictest confidence. Your participation is completely voluntary and you may participate in as much of the study as you feel comfortable. You are free to decide to withdraw from the study at any time. None of the information we collect will be reported or published with your name attached.

Are you still willing to participate?

IF NO

- Is there a specific reason you do not wish to participate? Do you have some questions I might answer? You could also speak with _____, who is the Study Manager and she could also answer any questions you may have.

IF YES

- Do you still have the packet we sent with the letter describing the study and your participation? It also contained a survey with a cover sheet, an information sheet, a HIPAA form, a healthcare source form and a return envelope.
- **IF NO:** I will send you another package. Is your address still [confirm address]?
- **IF YES:** Do you think you could you complete the forms and survey in the next week or so? Thank you very much for your interest.

IF YES

Have you mailed the forms back?

IF YES:

- Thank you so much for sending them in. We will be looking for them in the mail.

IF NO:

- Are there any questions I could answer for you about the study? [*answer questions as appropriate and make sure they still have the postage paid envelope for return of materials*]. Do you think you could complete the forms and survey in the next week or so? Thank you so much for your interest.

IF PARTICIPANT INDICATES HE/SHE WOULD NOT BE WILLING TO PARTICIPATE:

- Is there a specific reason you do not wish to participate? Do you have some questions I might answer? You could also speak with _____, who is the Study Manager and she could also answer any questions you may have.

III. PERSON ANSWERING THE PHONE IS UNABLE TO UNDERSTAND OR SPEAK ENGLISH CLEARLY

Hello, my name is _____. May I speak to _____ (NAME OF SUBJECT)?

- **If you are able to confirm you are speaking with participant:** It seems as if we might have difficulty understanding each other. Do you speak English?
[*Note that participant may not be able to understand the above. If you think they have understood, try to determine what other language they speak.*]
- **If participant does not speak English**
 - o **If the caller does not speak Spanish:** Someone who speaks Spanish will call you back. (*Pass patient info to Spanish-speaking interviewer.*)
 - o **If the caller speaks Spanish:** Refer to "SPANISH Phonescript," Pg.XX/Appendix
- **If you are unable to confirm you are speaking with participant, and person does not speak English or Spanish:** Thank you for your time. I am sorry to have bothered you.

Telephone Script – WHEN REACHING OTHER THAN PARTICIPANT

Suggestions for phone call when you are talking to someone OTHER than the study participant:

[If someone other than the study participant answers the phone, the interviewer must be prepared to leave a message with the person answering the phone and/or to answer questions you may be asked without ever disclosing personal and protected information about the participant. Listen carefully to the questions being asked and answer only what is asked.]

- “My name is _____.
I’m calling regarding a letter we recently sent her/him about a health study being conducted in [state name]. I will try back. Is there a better time to reach her/him?” *[Record best times to reach participant, if offered. This may be a sufficient response for some, but not all persons who answer the phone. Additional questions should be addressed only as they are asked. In general, the best approach is to just indicate that you will try back at a later time.]*
- **If person you’re speaking with indicates participant is in a nursing home:**
We recently sent a letter to [name of participant] about a health study being conducted in [state name]. [Name of patient] was identified as someone who may be eligible to participate. We are calling to see if he/she would be interested. Would it be possible for me to call [name of participant] at the nursing facility?

Suggestions for phone call when picked up by Answering Machine or Voice Mail:

- *[If an answering machine is encountered while making the initial call, a short message can be left on the answering machine.]*

Hello, this message is for [name of participant]. My name is _____ . I’m calling on behalf of the _____ State Health Department regarding a letter we recently sent [you / her] about a health study being conducted in [state name]. I will call again. Thank you.

- *[If an answering machine continues to be encountered on subsequent calls, the interviewer should vary the times she calls and leave a short message as follows. The interviewer may also leave her phone number (toll free) 8xx-xxx-xxx, asking the participant to leave a message for the best time to be reached.]*

Hello, my name is _____ . I called you recently [or specific date] regarding a letter you may have received about a health study being conducted in [state name]. I’ll try to reach you again. Thank you.

- *[This short message allows someone who is screening calls the opportunity to pick up the phone. Voice mail and answering machine messages should NEVER contain information that could in any way ever reveal cancer or other personal information about the participant to anyone who might hear the message.]*